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PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number 8403.943						
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OR	OTHER T		
FOR NUMBER FILED					NUMBER EXTRA			RATE FEE			RATE	FEE			
BASIC FEE (37 CFR L16(a))											s <u>0</u>	OR		\$ <u>0</u>	
TOT	AL CLAIMS CFR 1.16(c))		23 minus 20 =			* 3			x <u>\$ 9 </u> = 0		OR	x \$_18_=	54		
	EPENDENT CLA	IMS	2 minus 3 =			* 0			x 42 _= 0		0	OR	x <u>84</u> =	0	
	LTIPLE DEPEN	DENT CL	AIM PRESENT (37 CFR 1.16(c			d)) 0			+ 140 = 0		OR	+ 280 =	0		
* If the difference in column 1 is less then zero, enter "0" in column 2										TOTA	L	0 .	OR	TOTAL	54
CLAIMS AS AMENDED - PART II								SMALL ENTITY				OR	OTHER T		
L		(Colur	nn I)		(Co	lumn 2)	(Colum	n 3)	1 -				I 1	SMALL E	NITTY
AMENDMENT A		AFT	INING		NU PREV	GHEST JMBER VIOUSLY ID FOR	PRESI EXT		RATE		Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*		Minus	** 2	0	=	0	x \$_9	\$ <u>9</u>		0	OR OR OR	x \$ <u>18</u> =	0
\ME	Independent (37 CFR 1.16(b))	*		Minus	*** 3	·	<u> </u>	0,	<u> </u>	42	-	0		x <u>84</u> =	0
	FIRST PRES	ENTATIO	ON OF MU	ULTIPLE DEPENDENT CLAIM (37.0			7 CFR 1.16(d	+ 140			_=	0 .	QR	+ 280 =	0
	(Column 1) (Column 2) (Column 3)								TOTAL 0 ADDIT. FEE			0	OR A	TOTAL DDIT. FEE	0
AMENDMENT B		REMA AF	AIMS AINING FER I DMENT		NI PRE	GHEST UMBER VIOUSLY ID FOR	PRES EXT			RATI	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*		Minus	**		= .		x	\$ ⁹	=	∙0	OR	x \$=	0
ME	Independent (37 CFR 1.16(b))	*	•	Minus	***		=		×	42	.=	0	OR OR	x <u>84</u> =	Ó
<	FIRST PRES	SENTATI	ON OF MI	N OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1	140	.=	0	OR	+=	0
(Column 1) (Column 2) (C							(Colun	ın 3)	ΑD	TOT. DDIT. F		0	OR _A	TOTAL DDIT. FEE	0
AMENDMENT C		REMA AF	AIMS AINING FER DMENT		PRE	GHEST UMBER VIOUSLY IID FOR	PRES EXT			RAT	E	ADDI- TIONAL FEE	OR OR OR	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(e))	*		Minus	**		=	-] [,	¢\$ <u>9</u>	_= 0	0		x \$ 18 =	0
	Independent (37 CFR 1.16(b))	*		Minus	***		=		X	42	- 12	0		x84=	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))] [140	_=	0	OR	+ 280 =	0
	f the entry in colu								 Al	TOT DDIT. F		0	OR	TOTAL ADDIT. FEE	0
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.															

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10,630,078

		CLAIMS AS	SMALL EN	ITITY		OTHER	THAN					
			(Column	1)	(Column 2)			TYPE [OR	SMALL	
TOTAL CLAIMS 23								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
ТС	TAL CHARGEA	BLE CLAIMS	23 min	us 20=	* 3			X\$ 9=		OR	X\$18=	54
	EPENDENT CL			nus 3 =				X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		ÖR	TOTAL	80F
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)				(Column 3)	3) SMALL ENTITY				SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	·	=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAIM	=		X42=		OR	X84=	
L	THOTPICOL	INTATION OF IM	DETIFIE DEF	LIVOLIVI	CLAIIVI		.	+140=		OR	+280=	
			TOTAL ADDIT. FEE	٠	OR	TOTAL ADDIT. FEE						
		(Column 1)		(Colur	ກກ 2)	(Column 3)					, (55)	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=	-	OR	X84=	
_	THO PHESE	NTATION OF MU	JETIPLE DEP	ENDEN	CLAIIVI		ן נ	+140=		OR	+280=	
	TC ADDIT.									OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)	_			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIĞH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF M	Minus	***	CL AIM	=		X42=		OR	X84=	
-	I THOI PHESE		JEIN LE DEF	LINDEIN	CLAIIVI	<u> </u>	ا ا ا	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											TOTAL	
**	'If the "Highest Nu	mber Previously P	aid For" IN THI	S SPACE I	is less tha	n 3, enter "3."	•	ADDIT. FEE			ADDIT. FEE	L
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												